

**OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS**

**SNAPSHOT INSPECTION
CENTRAL STATE HOSPITAL**

James W. Stewart, III

OIG REPORT #92-04

Facility: Central State Hospital
Petersburg, Virginia

Date: February 12 -13, 2004

Type of Inspection: Snapshot Inspection / Unannounced

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INSPECTION SUMMARY

A Snapshot Inspection was conducted at Central State Hospital in Petersburg, Virginia on February 12 - 13, 2004. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and the activity of patients.

During the Spring 2003, the facility ended its contract with the Liberty HealthCare Corporation to provide additional acute care forensic beds for individuals primarily transferred from the local jails. This resulted in an expansion of forensics services on the main campus, increasing the bed capacity in both Building 39 and 96, which are the two secured forensic buildings. This change did not result in an overall increase in bed capacity for the facility because, as a result of census management and diversion efforts, the facility was able to close one of the civil services buildings. All non-licensed direct care staff were converted and trained as forensic mental health technicians in order for staff to be more effectively deployed campus-wide.

Since the last inspection, the facility has undergone an administrative change. Larry Latham, PhD left his position as Facility Director during the Summer 2003. Following his departure, Vicky Montgomery was named the Acting Director and continued in that capacity during this inspection process. Charles Davis, MD has been recently selected for the position and is scheduled to begin serving in that capacity on February 25th. He has served as the Medical Director at the facility for a number of years.

Central State Hospital provides an array of active treatment options for patients in a variety of treatment mall settings, depending on each patient's level of functioning, security status and stability. The facility routinely reviews and updates programming activities in order to meet the needs of the populations served.

The environment was noted as being clean and well maintained. There is currently some construction occurring on the grounds of the facility. The construction is associated with the replacing of ground pipes as the heating system is being converted. This has resulted in an increase in security measures for the safety of the staff and patients.

PART I: STAFFING ISSUES

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| <p>1. Number of staff scheduled for this shift for this unit.</p> <p>FMHT = forensic mental health technician SFMHT = security forensic mental health technician</p> | <p>February 12, 2004</p> <p>Building 39 – 2nd shift Ward 1 1- RN 2- FMHT</p> <p>Building 95- 2nd shift Ward 1 1- RN 1- LPN 3- FMHT</p> <p>Building 95- 2nd shift Ward 4 2- RN 7- FMHT 1- SFMHT</p> <p>Building 94- 2nd shift Ward 1 1- RN 1- LPN 5- FMHT 2- SFMHT</p> <p>Building 94- 2nd shift 1- RN 1- LPN 3- FMHT 1- SFMHT</p> |
| <p>2. Number of staff present on the unit?</p> | <p>Observations revealed that the number of staff scheduled to provide coverage were present on the units as identified.</p> |
| <p>3. Number of staff doing overtime during this shift or scheduled to be held over?</p> | <p>In all of the units toured, it was learned that one staff member was doing OT during the second shift on 2/12. On the morning of 2/13, six staff members in Building 94 were held over because a similar number of staff members were late arriving to work. This was a source of frustration for the night shift staff because the circumstances were such that they did not know whether the tardiness of the other staff meant they were going to stay over for an hour or an entire shift. Interviews with management indicated that efforts were being made to address staff tardiness through supervision.</p> |

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| 4. Number of staff not present due to absence because of workman's compensation injury? | Interviews revealed that there were not any staff members out due to workman's compensation on any of the units toured during the inspection process. |
| 5. Number of staff members responsible for one-to-one coverage during this shift? | During the second shift on February 12, there were 6 patients identified as on 1:1 status; 4 were in Building 95-Ward 4 and 2 were in Building 94-Ward 1. In Building 94- Ward 4, 2 patients were on constant observation status from 9:00 p.m. until the following morning at 7:00. This status requires that a designated staff person keep a constant watch on the two patients. |

6. Are there other staff members present on the unit? If so, please list by positions?

The administrator on duty (AOD) and the medical officer on duty (MOD) were noted to be on the units during the evening shift when the tour of the buildings was conducted.

7. Additional comments regarding staff:

Central State Hospital is the primary facility in Virginia for the adult mentally ill population requiring forensic services in an inpatient psychiatric setting. Stabilization and treatment services are provided for individuals ranging from those referred from the jails with acute symptoms of mental illness that could not be effectively treated in the jail setting to the longer term care needs of individuals adjudicated as not guilty by reason of insanity (NGRI). Each subset of the forensic population requires different treatment modalities and presents a unique challenge to the treatment providers. Like many of the state facilities, Central State Hospital has had to address the issue of providing adequate staff coverage for this very diverse population. In order to more effectively deploy staff to address the security, safety and treatment needs of the entire campus, all non-licensed mental health technicians were converted to forensic mental health technicians. This allowed for, with additional training, staff traditionally assigned to the civil units on campus to be able to work within the more secure forensic buildings when acuity and staffing patterns dictate. Staff received two days of additional training regarding security issues pertinent to working with the forensic population. This training is standard for the facility and correlates with the training received by persons originally assigned to Buildings 39 and 96.

A majority of the staff interviewed (14 of the 19 FMHTs) indicated they did not feel adequately prepared for working on the forensic units in spite of the provision of additional training. Staff voiced concerns with the use of mandatory overtime, the frequency of "call-ins" and the growing practice of staff being held-over due to the tardiness of their peers on the on-coming shift. Staff described these issues as long-standing and reported that they were the cause of decreased staff morale. Interviews with administration revealed that specific steps had been taken to address these issues. Among

the actions taken was a review of overtime practices including the frequency of overtime as a result of “call-ins” and the increased use of contract nursing personnel for scheduled leave events. Management indicated that efforts were underway to address staff tardiness through supervision. The team was provided a copy of a memo forwarded from the Facility Director to the contract agencies outlining the importance of assuring that their staff are punctual and the actions that would result if tardiness continued to be a problem.

Since the last inspection, the facility has undergone an administrative change. Larry Latham, PhD left his position as Facility Director during the Summer 2003. He had served the facility as Director for a little less than five years and had been instrumental in providing stability and leadership following the involvement of the Department of Justice at the facility. Following his departure, Vicky Montgomery was named the Acting Director and continued in that capacity during this inspection process.

Charles Davis, MD has been recently named the Facility Director and is scheduled to begin serving in that capacity on February 25th. He has served as the Medical Director at the facility for a number of years.

CSH has additional personnel in the secure forensic buildings whose primary function is to provide increased security and monitoring of the physical environment. They serve to provide support to the clinical staff in emergency situations regarding unit safety. These individuals are not included in the clinical staffing patterns for the forensic units. These safety and security technicians (SST) wear protective gear similar to law enforcement officers. They may be assigned to a particular unit during a shift or patrol the building.

A similar position exists on the civil wards except these security forensic mental health technicians (SFMHT) have been trained to engage with the patients using behavioral management techniques and interventions. Their duties vary somewhat as the population typically residing in these less restrictive units presents with fewer risks than those in the more secured settings.

Finding 1.1: Direct observation, interviews and a review of staffing documentation revealed that the facility provided for adequate staffing coverage consistent with facility policy.

OIG Recommendation: None.

Finding 1.2: Despite the fact that the administration has taken specific steps to address issues associated with the use of overtime and staff tardiness, the majority of staff interviewed expressed dissatisfaction with these same issues and tardiness continues to be a problem.

Recommendation: It is recommended that the facility determine why the steps taken have not resolved these concerns and develop strategies that will resolve the problem.

DMHMRSAS Response: In order to more fully understand the problems underlying staff discontent CSH is pursuing the following approach. A new Director of Nursing Services (DON) will be hired imminently. An Acting DON has filled the position since last summer. Reorganization of the Department of Nursing Services in order to improve the quality of supervision of direct-care staff will be considered as soon as the new DON is on board. In March 2004, the Director chartered several hospital-wide quality improvement teams. There is a Staffing QI Team, lead by Vicki Montgomery and a Recruitment/Retention QI Team whose leader is Daniel Herr. The mission of these teams is to collect and analyze data regarding all aspects of CSH staffing, and then to develop potential solutions to problems that are discovered. The hospital also is in the process of actively requesting specific feedback from staff regarding what they believe to be problems as well as their suggested solutions to those problems. This approach has been announced to staff in the current hospital-wide newsletter. As these approaches give us additional information CSH will be able to respond positively to the problems that are discovered so that staff discontent can be reduced significantly.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

The census on the units toured during the inspection process were as follows:

- Building 39 Unit 1 had 14 patients on the unit and 2 additional patients were identified as on special hospitalization status. Bed capacity for the unit is 23.
- Building 94 Unit 1 had 23 patients in-house and 1 patient on a pass. The bed capacity for the unit is 25 patients
- Building 94 Unit 4 had 21 patients on the unit, 2 were on special hospitalization status and 1 was on a pass. The unit has a bed capacity of 25 patients.
- Building 95 Unit 1 had 24 patients with a bed capacity of 25.
- Building 95 Unit 4 had 24 patients and 1 patient on a special status. The bed capacity for the unit is also 25.

3. Number of patients/residents on special hospitalization status.

Interviews with administrative staff indicated that there were four patients on special hospitalization status during the time of the inspection.

4. Number of patients/residents on special precautions?

Interviews with staff, on the units toured, indicated that 12 patients were noted to be on special precautions addressing issues such as aggressive behavior, self-injurious behavior, elopement and/or other behavioral issues.

5. Number of patients/residents on 1 to 1?

Of the units toured, 95-Unit 4 had four patients and 94-Unit 1 had 2 persons on 1:1 status. This status requires staff remain within “arms length” of the patients at all times. Patients are placed on this status when the attending physician, in conjunction with the treatment team, determines that the person either needs the additional support or is displaying at risk behaviors such as suicidal or aggressive behaviors.

6. Identify the activities of the patients/residents?

Tours of the residential units occurred during the evening shift. Patients were noted to be engaging in a variety of activities including playing games, watching television, interacting in small groups and resting in their rooms. Structured activities were available in the evening in the gym. Building 114, the treatment mall building, was open in the evening for patients in the civil services units. Patients can engage in a number of activities in that setting such as a structured recreational activity.

7. Do patients/residents have opportunities for off-ground activities?

Interviews with facility staff and patients indicated that there are opportunities for patients on the civil wards to participate in off-grounds activities once they have achieved the necessary level and if staffing patterns allow. During the inspection process, it was noted that three of the units toured were unable to offer off-unit activities because of the staffing patterns.

9. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans.

10. Other comment about active treatment:

Central State Hospital provides an array of active treatment options for patients in a variety of treatment mall settings, depending on each patient’s level of functioning, security status and stability. The facility routinely reviews and updates programming activities in order to meet the needs of the populations served.

Building 39 is the maximum-security building on the campus. This setting provides for both residential and programming services. Ward 2 has been designated as the treatment mall area. This area has undergone some environmental improvements since the last inspection including the addition of carpeting in order to “soften” the unit’s appearance as well as to enhance soundproofing. Lighting in the unit has been improved. The unit currently houses six computers, which provides for increased opportunities for patients to

engage in self-expression and other creative activities. The team observed a group activity designed to increase the patients' awareness of legal issues. The team leader actively engaged each person in the group activity in a manner consistent with each individual's ability. Materials were provided which were designed to enhance the learning while encouraging active involvement.

There is also a modified treatment mall program in Building 96. Many of the same topics are included in the active treatment programming for persons residing in this building as in the other mall programs such as medication education, legal issues, stress management and interpersonal skills. The team observed a mental illness education group, which was occurring simultaneously and in the same general day room area as an anger management group. The group observed was being conducted by a staff member who is normally not the assigned group facilitator. The leader asked the group to update her on the activities of the group and to describe group objectives. Two of the seven members present were very verbal and provided the requested information.

The proximity of the two groups was viewed as a drawback by the review team as it hampered group effectiveness and confidentiality. Staff explained that efforts had been made to divide the area in order to enhance the treatment activities but that to-date all efforts had presented an increased security risk and as such were prohibited.

There have been several noteworthy changes to active treatment programming at this facility since the last OIG inspection. Spiritual Care groups have been added, which were reported as being very popular groups. In addition, the chaplains facilitating the groups have also increased the number of non-denominational services on grounds, which was also noted as well received and appreciated by the population at-large. The availability of music therapists is another addition to the clinical services offered the patients.

The facility has implemented an interdisciplinary evaluation process for reviewing the groups and the facilitators. This peer review provides real-time feedback to each facilitator regarding issues of both group content and process while offering suggestions on how to improve the group experience for the consumers. In addition, the program leaders have been working on the development of a Master Course description, which outlines the learning objectives of each group, the long and short-term goals and the activities that will be used to address the objectives. This information will provide some additional structure to the programming while providing the treatment teams with a clearer understanding of the group objectives in order to enhance the referral process.

The availability of resource materials has been expanded so that the group facilitators have additional tools for communicating with the group participants and enhancing the learning environment.

OIG Finding 2.1: Interviews, reviews of programming schedules, and direct observation revealed that Central State Hospital provides an array of active treatment options for patients in a variety of treatment mall settings, depending on each patient's level of functioning, security status and stability.

OIG Recommendation: None.

PART III: ENVIRONMENTAL ISSUES

| AREA OF REVIEW: Common Areas | Comments and Observations |
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| 1. The common areas are clean and well maintained. | Tours of Buildings 39, 96, 95 and 94 indicated that the residential areas visited were clean and well maintained. |
| 2. Furniture is adequate to meet the needs and number of patients/residents. | It was observed that furniture was adequate to meet the needs of the patients. Small groupings of furniture were arranged so as to encourage patient interactions, particularly in the civil services buildings. It was noted that safety was a consideration when the selecting of furniture occurred. Items in the common areas such as the tables and chairs were heavy and made of materials that would be difficult to break. |
| 3. Furniture is maintained and free from tears. | Tours of the common areas indicated that furniture was free from tears and was well maintained. |
| 4. Curtains are provided when privacy is an issue. | Tours of the units demonstrated that window coverings are provided for privacy from the outside. |

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| 5. Clocks are available and time is accurate. | Clocks were available in public areas and the majority was noted to display the correct time. |
| 6. Notifications on contacting the human rights advocate are posted. | A tour of each unit and interviews with patients indicated that information on how to contact the Human Rights Advocate was effectively communicated. Posters were observed in each of the buildings toured. |
| 7. There is evidence that the facility is working towards creating a more home-like setting. | Efforts at making this institutional setting more homelike were noted even though with the changes in the population served in Building 96 some of the previous items used for decorations had to be removed for security reasons. Interviews with staff and patients revealed that for the most part, the majority felt like the facility made an effort to help patients feel as comfortable as possible in the setting. |
| 8. Temperatures are seasonally appropriate. | Tours of units indicated that temperatures were comfortable. Interviews with six patients in Buildings 94 and 95 revealed that they felt comfortable with the room temperatures. |
| 9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted. | Interviews with patients revealed that the facility makes every effort to afford privacy when there are visitors to the unit. Visiting rooms were noted in the buildings toured. |
| 10. Patients/residents have access to telephones, writing materials and literature. | Interviews with patients and staff indicated that there is access to communication materials and literature. |
| 11. Hallways and doors are not blocked or cluttered. | Hallways, doors and egress routes were not blocked and were free of clutter. |
| 12. Egress routes are clearly marked. | Tours of each unit indicate that egress routes are clearly marked. |
| 13. Patients/residents are aware of what procedures to follow in the event of a fire. | Interviews with patients indicated that staff assist them during fire drills. Each of the six patients interviewed in Buildings 95 and 94 were aware of what they were expected to do during a drill. |
| 14. Fire drills are conducted routinely and across shifts. | Fire drills are conducted monthly. |

| Bedrooms | Comments and Observations |
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| 1. Bedrooms are clean, comfortable and well maintained. | All residential units toured were clean and well maintained. Housekeeping staff assists the patients in maintaining their rooms. There is storage space allotted for each patient so that additional clothing items can be maintained in an area outside of their bedrooms in order to lessen the potential for clutter. |
| 2. Bedrooms are furnished with a mattress, sheets, blankets and pillow. | Interviews with the patients and observations indicated that each patient has a mattress, sheet, blankets and pillow and if more are needed, the items can be obtained upon request. |
| 3. Curtains or other coverings are provided for privacy. | Tours of the units confirmed that curtains and/or other coverings are provided for clients' privacy. |
| 4. Bedrooms are free of hazards such as dangling blind cords, etc. | In the rooms observed there was not any evidence of hazards resulting from dangling cords, etc. |
| 5. Patients/residents are able to obtain extra covers. | Interviews with patients indicated that they are able to obtain extra linens and covers. They need to ask staff in order to obtain these items from storage rooms located on the living units. |
| 6. Patients/residents are afforded opportunities to personalize their rooms. | Interviews and observations indicated that clients are given the opportunity to personalize their rooms. This is particularly the case in the civil services buildings. |
| Bathrooms | Comments and Observations |
| 1. Bathrooms were clean and well maintained | Bathrooms were noted to be clean and well maintained. Housekeeping maintains these areas. |
| 2. Bathrooms were noted to be odor free. | Tours of unit bathrooms indicated that all were odor free. |
| 3. Bathrooms were free of hazardous conditions. | Tours of unit bathrooms indicated that all were free of hazardous conditions. |

| Buildings and Grounds | Comments and Observations |
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| 1. Pathways are well lit and free of hazardous conditions. | Tours of outside grounds indicated that pathways were well lit. Efforts to limit the potential for hazardous conditions were noted in spite of construction currently underway on the campus. |
| 2. Buildings are identified and visitor procedures for entry posted. | Upon entering the units all visitors are greeted by staff and asked to identify themselves with a badge or other form of identification. In the secured buildings a more rigorous security procedure is in place. |
| 3. Grounds are maintained. | Grounds are well maintained. There is some construction occurring on the grounds. Staff interviewed indicated that the construction is associated with the replacing of ground pipes as the heating system is being converted. |
| 4. There are designated smoking areas with times posted. | Smoking is prohibited at the facility in Buildings 39 and 96. It is allowed for those residing in the civil services buildings. This was an issue for some of the persons residing in Building 96, which used to have smoking privileges until the population re-distribution occurred, following the end of the contract with Riverside Jail. |
| 5. Patients/residents have opportunities to be outside. | Interviews with patients and staff revealed that persons with the appropriate privileges have opportunities for going outside on and off grounds. Off-grounds activities are offered depending on staff availability. |

Other environmental issues:

There have been several environmental changes since the last inspection. The changes have been primarily associated with the ending of the contract with Liberty HealthCare Corporation, which provided additional acute care forensic beds for individuals primarily transferred from the local jails. This change resulted in an expansion of forensics services on the main campus, increasing the bed capacity in both Building 39 and 96, which are the two secured forensic buildings. This change did not result in an overall increase in bed capacity for the facility because, as a result of census management and diversion efforts, the facility was able to close one of the civil services buildings. 120 patient moves occurred as a result of the closures, which required concentrated communication, coordination and planning among facility management, staff and the patients.

Persons previously residing in Building 39, the maximum security building on the campus were moved to Building 96 requiring the implementing of increased security measures in a setting that was seen as more of a “step-down” unit in the past. This introduction of persons presenting additional security risks to that setting necessitated

environmental changes such as the removal of artificial plants and other decorative items, which presented potential security breeches. The building was re-designated as a smoke-free environment and some outside privileges were curtailed. According to the Human Rights Advocates, these restrictions have resulted in several complaints of rights violations from persons who had resided in the building when it was seen as a medium security setting.

Outside activities campus-wide have been limited due to some construction currently occurring on the grounds. Staff interviewed indicated that the construction is associated with the replacing of ground pipes as the heating system is being converted. Building 93 was the civil services building closed during this transition period. It was noted that this building has been acquired for use by Southside Virginia Training Center and is currently undergoing renovations.

OIG Finding 3.1: Observations demonstrated that the facility is well maintained, clean and comfortable. Efforts at making this institutional setting more comfortable were noted in spite the increased requirements due to security precautions. A focus on safety was evident with the construction currently underway across the campus.

OIG Recommendation: None.